

SEMA
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AMENDMENTS TO THE CLAIMS

This listing of the claims will replace all prior versions and listings of claims in the application:

LISTING OF CLAIMS:

Claim 1 (previously presented): A method of treating viral encephalitis in a patient, comprising administering to the patient an effective amount of an agent that inhibits binding of leukocytes to brain endothelial cells via leukocyte surface antigen alpha-4 integrin, wherein said patient is free of multiple sclerosis.

Claim 2 (original): The method of claim 1, wherein the agent is administered to the patient after viral infection.

Claims 3 (original): The method of claim 2, wherein the patient is asymptomatic.

Claim 4 (original): The method of claim 2, wherein the patient shows symptoms of encephalitis.

Claim 5 (original): The method of claim 1, wherein the agent is administered prophylactically to a patient at risk of infection by a virus causing encephalitis.

Claim 6 (original): The method of claim 1, wherein the virus is a herpes virus or an arbovirus.

Claim 7 (original): The method of claim 1, further comprising monitoring the patient for symptoms of encephalitis.

Claim 8 (original): The method of claim 1, wherein the agent specifically binds to the alpha-4 as a subunit of VLA-4.

Claim 9 (original): The method of claim 8, wherein the agent is an antibody.

Claim 10 (original): The method of claim 9, wherein the antibody is a Fab fragment.

Claim 11 (original): The method of claim 8, wherein the agent binds to an epitope of the alpha-4 subunit formed by association with a beta-1 subunit in an alpha-4 beta-1 complex and lacking in an alpha-4 beta-7 complex.

Claim 12 (original): The method of claim 9, wherein the antibody is a humanized antibody.

Claim 13 (previously presented) The method of claim 12, wherein the humanized antibody is characterized by a light chain variable domain designated SEQ. ID. No. 1 and a heavy chain variable domain designated SEQ. ID. No. 2.

Claim 14 (original): The method of claim 1, further comprising administering an antiviral agent to the patient.

Claim 15 (original): The method of claim 1, further comprising administering an antiinflammatory agent to the patient.

Claim 16 (original): The method of claim 1, wherein the agent is formulated with a carrier as a pharmaceutical composition.

Claim 17 (original): The method of claim 1, wherein the patient is a pediatric patient.

Claim 18 (previously presented): A method of treating viral encephalitis in a patient, comprising administering to the patient an effective amount of an agent that inhibits leukocyte adhesion to brain endothelial cells.

Claim 19 (canceled)

Claim 20 (previously presented): A method of treating viral encephalitis in a patient, comprising administering to the patient an effective amount of an agent that inhibits binding of leukocytes to brain endothelial cells via leukocyte surface antigen alpha-4 integrin, wherein said patient is free of multiple sclerosis, and further wherein said agent comprises antibodies that bind the alpha-4 subunit of VLA-4.

Claim 21 (withdrawn): A method of treating viral encephalitis in a patient, comprising administering to the patient an effective amount of an agent that inhibits binding of leukocytes to brain endothelial cells via leukocyte surface antigen alpha-4 integrin, wherein said patient is free of multiple sclerosis, and further wherein said agent comprises peptides and peptide derivatives that have binding affinity for VLA-4.

Claim 22 (withdrawn): A method of treating viral encephalitis in a patient, comprising administering to the patient an effective amount of an agent that inhibits binding of leukocytes to brain endothelial cells via leukocyte surface antigen alpha-4 integrin, wherein said patient is free of multiple sclerosis, and further wherein said agent comprises peptides of SEQ ID NOS: 3-5.